



Governor Brian Schweitzer

# Montana

## Department of Labor and Industry

### Business Standards Division

## MONTANA BOARD OF MEDICAL EXAMINERS List Disclaimer

A list furnished by the Montana Board of Medical Examiners, Healthcare Licensing Bureau, Business Standards Division of the Department of Labor and Industry must be used in accordance with Montana Code Annotated Section 2-6-109 and 110. It is not intended for use by private parties as a mailing list for personal or business interests. No permission has been obtained from the individual licensees for such purposes. Use as a mailing list, without the permission of each individual on the list, is a violation of [Section 2-6-109, MCA](#). It is a misdemeanor, and may be punished by a term of imprisonment not to exceed 6 months in the county jail or a fine not to exceed \$500.00 or both. [Section 2-6-110, MCA](#), MCA, sets forth the requirements for release of electronic information and non-print records as well as allowable fees. It is understood and agreed that **the State of Montana may only release information that are matters of public record.**

Receipt of the above disclaimer is hereby acknowledged this\_\_\_\_ day of\_\_\_\_\_, 200\_\_\_\_.

By: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Entity: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address \_\_\_\_\_

**(This form is to be used to order an electronic copy of current licensees.)**

**COSTS: \$20.00 per each list requested.** Please send check or money order with your request to the Montana Board of Medical Examiners.

Please complete all the following. Please indicate which type of licensee you are requesting.

- |  |                                       |  |                                   |
|--|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Physician                     | <input type="checkbox"/> Podiatrist   | <input type="checkbox"/> Acupuncturist | <input type="checkbox"/> Tele-Med |
| <input type="checkbox"/> Physician Assistant-Certified | <input type="checkbox"/> Nutritionist | <input type="checkbox"/> EMT           |                                   |

1. ☐ Zip Code Order ☐ Alphabetical Order
2. ☐ In-state Licensees only ☐ In-state and out-of-state
3. ☐ Active ☐ Inactive ☐ Retired or ☐ All (Active/Inactive/Retired)

Please contact Brent at (406) 841-2364 phone or fax (406)841-2305 email address [dlibsmed@mt.gov](mailto:dlibsmed@mt.gov)

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